



# Nutrition Care Manual® Institutional Approval Form

Approved for use in:

Institution \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

_____	_____	_____
Medical Staff Representative	Registered Dietitian Nutritionist	Date
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- Nutrition Care Manual® products are consistent with the Centers for Medicare & Medicaid Services' *Interpretive Guidelines for the Hospital Conditions of Participation*.
- Nutrition Care Manual® products meet the Joint Commission's *Hospital Accreditation Standards*.
- Nutrition Care Manual® products are consistent with the Academy's Evidence Analysis Library, Academy position papers, and the Nutrition Care Process.